

#### I. Narrative Content of Implementation Report

Wyoming is experiencing a shortage of psychiatrists and other professionals who can prescribe and monitor medications for adults and children with severe mental illness. Geographic challenges and a sparse population make it extremely difficult to utilize existing psychiatrists in other than immediate areas. Integration of mental health and substance abuse services is, in many cases in Wyoming, a necessity because of thinly settled populations. Eliminating inappropriate and unnecessary placements in jails, at the Wyoming State Hospital and other inpatient treatment facilities continues also to rank high as an unmet need.

There is a fragmented mental health delivery system for children including disparities in access to specialty services. Wyoming needs to develop creative means of bringing assistance to children and families rather than expecting them to come to the services. Regionalization needs to be refined as one means to address the current inequities and disparities in treatment alternatives for children and their families. The mental health system should develop more evidence-based treatment practices or promising practices that are culturally sensitive and provide the training for same.

A collaborative study by Western Interstate Commission for Higher Education (WICHE) and the State of Wyoming Mental Health & Substance Abuse Services Division found that the issues facing Wyoming's children with mental health needs and their families are consistent with the obstacles identified in the President's New Freedom Commission Report on Mental Health. The issues include stigma, and the relinquishment of custody to obtain needed mental health services for non-Medicaid qualified, uninsured or underinsured families is a problem.

The identification and labeling of children and adolescents with a serious emotional disturbance (SED) remains problematic in some areas of the state. Some therapists and parents are reluctant to place the SED label on children out of stigma concerns. The child, then, may not receive all the services they need. Although this situation occurs less often than in the past, it remains an issue in some community mental health centers.

## Wyoming Implementation Report FY 2007 State Mental Health Plan

The Wyoming Client Information System was discontinued in December, 2006 in order to bring operations and management of the data system internally to the Department of Health. This system "rebuild" has compromised the Division's ability to accurately track client data. The rebuilding process is now complete.

The suicide prevention program has made some progress but has experienced barriers; additional funding is needed to expand focus and increase impact. Wyoming has moved from first place to fifth according to the U.S. Centers for Disease Control in its' nationwide ranking of suicide instances by state.

The challenges that remain for the State's Mental Health system include: providing services to the entire family which can mean support groups for children whose parents have a mental illness; cultural therapeutic foster care; medical needs for the uninsured and under insured; housing in its many forms – transitional, low income, and for the newly employed; inequities in the availability of psychiatric and therapeutic care including local detox services; and addressing the needs of Wyoming's aging population.

#### **II. Performance Indicators**

#### **Children and Adolescents**

#### Criterion 1. Comprehensive Community Based Mental Health System

(Note: The required performance indicators of reduced number of children discharged from inpatient facilities who are readmitted with 30 and 180 days of admission are not included. The State of Wyoming does not have a State-operated inpatient facility for children. Youth requiring inpatient care are provided treatment by the Wyoming Behavioral Institute {WBI} in Casper, a private, for-profit organization.)



Goal 1: Provide evidence-based services and interventions to children and

adolescents that are delivered in a timely, culturally competent

manner, which promotes recovery and increased quality of life.

Population: Children and adolescents with serious emotional disturbance.

Criterion: Comprehensive Community Based Mental Health System.

Brief Name: Number of evidence-based practices for children.

Indicator: Baseline measure of the number of reported evidence based practices.

Measure: Number of evidence-based practices for children

Data Source: Paper EBP self-report.

	FY 2005 Actual	FY 2006 Actual	FY 2007 Projected	FY 2007 Actual	% Attained
Performance					
Indicator	4	6	10	12	100% +

Narrative: Fiscal year 2007 is the second year that CMHCs have reported on their use of the defined EBPs included in SAMHSA's tool kit series. Promotion and funding of evidenced based practices remains a Division priority through the Community Health Services Block Grant and State project funds. The MH/SASD recently awarded two family strengthening programs that will utilize three different EBP's. The Wyoming SAGE Initiative piloted two systems of care communities last year and beginning in October 2007 another two sites will be piloted. Each site is required to work toward implementation of one EBP. Wraparound Youth and Family teams were the EBP's last year and will be the focus this fiscal year. Clinical consultation from Dr. Dan Embree will be employed to assist these communities in identifying EBPs and Practice-Based Evidence that are a good fit for rural and frontier settings.

<The goal was achieved>

Goal 2:	Children and adolescents in Wyoming will receive evidence-based
	practices and interventions delivered in a timely, culturally competent
	manner, which promotes recovery and increased quality of life.

Population: Children and adolescents with a serious emotional disturbance.

Criterion: Comprehensive Community Based Mental Health System.

Brief Name: Number of children receiving evidence-based practices.

Indicator: Baseline measure of the number of children and adolescents who receive

evidence-based practices in Wyoming.



Measure: The number of children and adolescents who are receiving evidence-based

services.

Data Source: This data is not currently captured.

**Narrative:** As stated above, the WCIS does not capture the number of persons receiving EBP services. It is anticipated that the existing data set will be expanded to incorporate these items in a future year.

Goal 3. Youth in Wyoming will receive services and interventions delivered in

a timely, culturally competent manner that promotes recovery and

increased quality of life.

Population: Children and adolescents with a serious emotional disturbance.

Criterion: Comprehensive, community-based mental health system.

Brief Name: Client/family perception of care.

Indicator: Percent of youth and their families/caregivers that report positive

outcomes.

Measure: Number of positive responses reported in the outcome domain on the

child/adolescent consumer survey divided by the total responses reported

in the outcome domain on the child/adolescent consumer survey.

Data Source: Wyoming MHSIP Consumer Survey.

	FY 2005 Actual	FY 2006 Actual	FY 2007 Projected	FY 2007 Actual	% Attained
Performance Indicator	53%	59%	59%	54%	92%
Numerator:	161	130		115	
Denominator:	302	221		213	

Narrative: The Consumer Survey in FY 04 was the first to survey children and adolescents themselves in addition to their parents or caregivers. Although the results of the FY 2006 survey were better than the FY 2005 survey, we still fell short of our target of 59% positive outcomes. Family members/caregivers are asked to agree or disagree with statements related to the ease and convenience of services (access), the quality of services (appropriateness), results of services (outcomes), ability to direct their own course of treatment (treatment participation) and whether they like the service they got (satisfaction). The survey is conducted independently

## Wyoming Implementation Report FY 2007 State Mental Health Plan

from community mental health centers; surveys are distributed, collected, and tabulated by an advocacy organization and results are analyzed by the Western Interstate Commission for Higher Education (WICHE).

#### <The goal was not achieved>

Providers felt the low scores came from families that were forced to participate in treatment or from families no longer receiving services. The consumer survey will be redesigned in an effort to increase the number of responses and involve consumers to a greater degree.

Criterion 2: Estimates of Prevalence and Treated Prevalence and Mental Health Systems Data

Goal 1:	Maintain or expand access to mental health services for children and
	adolescents with SED as defined by Wyoming.

Population: Children and adolescents with a serious emotional disturbance.

Criterion: Estimates of Prevalence and Treated Prevalence and Mental Health

Systems Data.

Brief Name: Treated prevalence of serious emotional disturbance.

Indicator: The percentage of children with the Wyoming SED definition who are

treated by community mental health centers in Wyoming.

Measure: Number of SED treated by community mental health centers divided by

the CMHS estimate of the prevalence of SED in Wyoming.

Data Source: CMHS prevalence and the Wyoming Client Information System.

	FY 2005	FY 2006	FY2007	FY2007	%
	Actual	Actual	Projected	Actual	Attained
Performance Indicator	34%	35%	35%	31%	89%
Numerator:	2161	2200		1889	
Denominator:	6444	6287		6055	

Narrative: A Gaps Analysis was conducted in FY 2006 to examine gaps in services for mental health and substance abuse services. This analysis is assisting the MH/SASD in planning for the transformation of services, and providing the foundation for developing uniform access and comparable services statewide. The development of services for young children, as well as utilization of promising and/or evidence-based practices, will enhance the existing children's mental health system. Early intervention services are now funded in each region. Mental Health Centers are working with childhood development centers to provide services. A few CMHCs

## Wyoming Implementation Report FY 2007 State Mental Health Plan

have developed evidence-based practices to serve young children and their parent(s). The expansion of these services into all regions will enable early intervention services to meet the needs of children and families. These early intervention services will provide an important resource for the Department of Family Services. Most families who are trying to reunify with their children could greatly benefit from this mental health early intervention services. In addition the Division will continue to fund UPLIFT as the primary advocacy organization for children with SED and will encourage CMHCs to collaborate more closely with UPLIFT staff.

<The goal was not achieved>

A shortage of qualified mental health professionals statewide has contributed to the decline of service to children with SED.

Goal 2:	Maintain or increase the number of children receiving services
	through the community mental health system.

Population: Children with a serious emotional disturbance.

Criterion: Estimates of Prevalence and Treated Prevalence and Mental Health

Systems Data.

Brief Name: Children with SED served.

Indicator: Number of children with SED served.

Measure: The count of children with SED served in the community mental health

system.

Data Source: Wyoming Client Information System

	FY 2005	FY 2006	FY2007	FY 2007	%
	Actual	Actual	Projected	Actual	Attained
Performance Indicator	2161	2200	2200	1889	86%

Narrative: The Gaps Analysis Report is assisting in transformation. The Division will continue to collaborate with youth-serving partners to broaden the community based system of care for children. The children's waiver is designed to serve additional families with needed supports. The Division is also developing a web site for families on available community-based resources and continues its' collaboration with UPLIFT to address stigma associated with mental illness. Expanded early intervention services, the SAGE Initiative and the Medicaid waiver and collaboration will increase the number of SED children identified and referred to treatment. The

## Wyoming Implementation Report FY 2007 State Mental Health Plan

Division will provide support, consultation and training for services for children and adolescents and has designated a staff person to lead service development for this population.

CMHCs were required for the first time to enter into interagency agreements with DFS to improve coordination and ensure processes are in place for appropriate referral and access to treatment of children and their families.

<The goal was not achieved>

A shortage of qualified mental health professionals statewide has contributed to the decline of service to children with SED.

#### Criterion 3. Children's Services

Goal 1: Improved functioning of children and adolescents with SED

Population: Children and adolescents with a serious emotional disturbance.

Criterion: Comprehensive Community-Based Mental Health Service Systems.

Brief Name: Improved functioning.

Indicator: Baseline measure of the percent of children and adolescents who show

improved functioning between admission and discharge as measured by

the GAF.

Measure: The number of children with SED who showed improvement in GAF

scores upon discharge divided by the total number of children with SED

served.

Data Source: Wyoming Client Information System.

	FY 2005 Actual	FY 2006 Actual	FY2007 Projected	FY 2007 Actual	% ATTAINED
Performance					
Indicator	45.5%	46%	46%	9.6%	21%
Numerator:	983	994		92	
Denominator	2161	2161		956	

**Narrative:** Expansion of wrap-around services statewide is a priority as the MH/SASD implements the SAGE Initiative and continues to engage other youth systems in Wyoming.

<The goal was not achieved>

The explanation of the significant drop in this area is based on how individual therapists choose to express GAF scores. Based on unduplicated counts by providers there were 1833 admission records, 1009 discharge records with GAF recorded. Fifty three admission records



did not have a GAF recorded number. 1009 - 53 = 956 records accounted for with a GAF score. Eight hundred and forty four records had no change in score; 20 had a negative score at discharge and 92 reported a positive change at discharge. Beginning in 2008, Wyoming mental health centers will begin use of an instrument called the Performance and Outcome Measurement Survey that will compliment the use of GAF scoring.

Criterion 4. Targeted Services to Rural and Homeless Populations

Goal 1. Maintain or increase the number of children with SED and their families who are homeless that receive mental health services through PATH programs.

Population: Children with a serious emotional disturbance and their families.

Criterion: Targeted Services to Rural and Homeless Populations.

Brief Name: Homeless youth.

Indicator: Baseline number of the percent of homeless served by PATH programs

who are children.

Measure: The number of children who are homeless receiving services by PATH

programs during the year divided by the total number of homeless persons

served.

Data Source: PATH Annual Reports.

	FY 2005	FY 2006	FY 2007	FY 2007	%
	Actual	Actual	Projected	Actual	ATTAINED
Performance					
Indicator	2%	2%	2%	3.3%	100% +
Numerator:	7	7.5		12	
Denominator	378	375		360	

Narrative: The Mental Health Block Grant partially funded a survey on homelessness in FY 05, conducted by the Wyoming Interagency Council on Homelessness. Three-hundred forty homeless individuals were surveyed, ninety-two of whom were children under the age of 18. Of those 92 children, only three were not enrolled in school. Survey results indicate that 45% of the homeless have mental health problems, and 30% with substance abuse problems (the extent of overlap between these two problem areas is unknown). The survey does not tell us how many children have mental illness or how many are homeless due to their parents' mental illness. PATH providers will continue to provide homeless-specific services to homeless families and children. The MH/SASD will continue to fund outreach, case management, and Quality of Life



supports that are critical to providing effective services for the homeless. Inter-agency collaborations will increase the number of homeless children and families identified and referred for services.

<The goal was achieved>

#### Criterion 5. Management Systems

Goal 1: Allocate a significant percent of CMHS block grant funds for projects

that will benefit SED youth and their families.

Population: children and adolescents with a serious emotional disturbance and their

families.

Criterion: Management Systems.

Brief Name: Balance in use of MH Block Grant funds.

Indicator: The percentage of MHBG funds allocated to SED projects.

Measure: The amount of MHBG funds allocated to fund projects for SED youth and

their families divided by the total MHBG allocation to the State of

Wyoming.

Data Source: Mental Health Division financial reports.

	FY 2005	FY 2006	FY 2007	FY 2007	%
	Actual	Actual	Projected	Actual	ATTAINED
Performance Indicator	45%	44%	50%	50%	100%
Numerator:	230,024	226,016		260,833	
Denominator	514,940	514,940		516,866	

**Narrative:** The MH/SASD is developing comprehensive services for children. This increased focus will result in a substantial portion of the CHSBG allocated for support of children's services. The MH/SASD will examine its allocation of CHSBG funds to ensure an even distribution of the funding between projects that assist adults with SMI and projects that assist children with SED and their families.

The state increased expenditures of state project funds for children's services and continued to expend a significant percent of the Mental Health Block Grant for children's and family services and supports. Significant state funding was appropriated to provide early childhood intervention services within each region in the state.

<The goal was achieved>



#### **Adults**

Criterion 1. Comprehensive Community Based Mental Health System

Goal 1: Decrease the rate of readmission to the Wyoming State Hospital

within 30 days and 180 days.

Population: Adults with a serious mental illness.

Criterion: Comprehensive Community Based Mental Health System.

Brief Name: Reduction rate of readmission at WSH.

Indicator: The percentage of adults with SMI readmitted into the Wyoming State

Hospital 30 days after discharge and the percentage of adults with SMI

readmitted into the Wyoming State Hospital at 180 days.

Measure: The number of adults with SMI discharged from the Wyoming State

Hospital who are readmitted at 30 days divided by the total number discharged and the number of adults with SMI discharged from the Wyoming State Hospital who are readmitted at 180 days divided by the t

total number discharged.

Data Source: Wyoming State Hospital Management Information System.

Description	FY 2005	FY 2006	FY 2007	FY 2007	% Attained
Description	Actual	Actual	Projected	Actual	
Performance Indicator 30 days	4%	5%	5%	1%	100% +
Numerator	16	17		4	
Denominator	404	368		310	
Description	FY 2005 Actual	FY2006 Actual			% Attained
Performance Indicator 180 days	5	4%	5%	5%	100%
Numerator	19	14		17	
Denominator	404	368		310	

Narrative: The comprehensive community based mental health system for adults has experienced growth over the past year. Group homes, supported apartments, and a co-occurring mental health and substance abuse residential treatment center are currently being developed. Funding for regional transportation and other supports are assisting in the development of regional services for high need individuals. The expansion of jail diversion and crisis stabilization services has kept many individuals in their community rather than being placed in inpatient treatment. Continued development of community supports, and more consistent coordination of community services has helped to divert persons from unnecessary admissions to

## Wyoming Implementation Report FY 2007 State Mental Health Plan

the Wyoming State Hospital or other psychiatric or general hospitals. Difficulties recruiting and retaining staff, the lack of psychiatric services, and challenges related to escalating costs of doing business have slowed our improvement processes. Members of the Select Committee on Mental Health and Substance Abuse are exploring additional services that will impact placements at the WSH and that will create community-based alternatives.

<The goal was achieved>

Goal 2:	Maintain or expand access to mental health services for adults with serious mental illness and who meet Wyoming SPMI criteria.
Population:	Adults diagnosed with a serious mental illness (SPMI) according to the Wyoming definition.
Criterion:	Comprehensive Community Based Mental Health System.
Brief Name:	Treated number of adults with a Serious and Persistent Mental Illness.
Indicator:	Number of adults with a Serious and Persistent Mental Illness in the state who receive mental health services during the state fiscal year.
Measure:	Counts of persons who have a serious and persistent mental illness in the state who have received services during the last state fiscal year.

Data Source: Wyoming Client Information System.

Description	FY 2005 Actual	FY 2006 Actual	FY2007 Projected	FY 2007 Actual	% Attained
Performance Indicator	67%	67%	67%	73%	100% +
Numerator	13,971	14,570		16,828	
Denominator	20,851	21,746		23,171	

**Narrative:** A regional pilot project that includes regional crisis stabilization, social detoxification, and acute inpatient care services has been operating for nine months. These services were developed in partnership with a local hospital with a psychiatric unit, psychiatrists, other members of the medical community, and community mental health centers. Although data is currently being collected, it is anticipated that the pilot project will demonstrate how regionally provided acute services benefit the client by helping them remain in or close to their home communities, and decrease inappropriate placements in jails, the WSH and other inpatient facilities.



Case management services will continue to be provided to ensure continuity of care and to minimize crisis situations. Specialized projects that reduce the need for inpatient care will continue to be considered as priorities in funding. Collaboration will continue between the WSH and community mental health centers prior to a client being discharged from the WSH to ensure linkage with the local center upon discharge.

Community services and supports for the SPMI population are fairly stable within the state. They include community based and agency based therapies, case management, Quality of Life supports, emergency services, Supported Independence Programs, group homes, psychiatric/medication services, and supported employment and education.

<The goal was achieved>

Goal 3.	Provide evidence-based services and interventions delivered in a
	timely, culturally competent manner, which promotes recovery and
	• 1 10, 6106

increased quality of life.

Population: Adults with a serious mental illness.

Criterion: Comprehensive, community-based mental health system.

Brief Name: Number of evidence-based practices.

Indicator: Baseline measure of the number of evidence-based practices in Wyoming.

Measure: Number of EBPs available through the community mental health system.

Data Source: Paper self-report.

	FY 2005	FY 2006	FY 2007	FY 2007	%
	Actual	Actual	Projected	Actual	Attained
Performance Indicator	4	53	60	60	100%

**Narrative:** Fiscal year 2006 is the first year that the MHD requested community mental health centers to report the number of evidence based practices provided in the community. Fidelity with the EBPs varies among centers and cannot be verified at this time by the state office. The Division is working with CMHCs to standardize EBP's many practices in the number "53" are actually services.

<The goal was achieved>



Goal 4. People in Wyoming will receive evidence-based services and

interventions delivered in a timely, culturally competent manner,

which promotes recovery and increased quality of life.

Population: Adults with a serious mental illness.

Criterion: Comprehensive, community-based mental health system.

Brief Name: Number of adults receiving evidence-based practices.

Indicator: Baseline measure of the number of adults receiving evidence-based

practices in Wyoming.

Measure: Number adults who receive evidence-based services.

Data Source: This data is currently not captured.

**Narrative:** As stated above, the WCIS does not capture the number of persons receiving EBP services. It is anticipated that the existing data set will be expanded to incorporate these items in a future year.

C 1 F	D	XX7 • • • • • • • • • • • • • •		1 • . 4
Goal 5.	People in	w voming will	i receive services an <i>c</i>	d interventions delivered in
Gour C.	I copic iii	TT Y CHARACTER TO ALL	i i ecci ve bei viceb aii	a mitter ventroms acm ventra m

a timely, culturally competent manner, which promotes recovery and

increased quality of life.

Population: Adults with serious mental illness who received services provided by

community mental health centers in Wyoming.

Criterion: Comprehensive, community-based mental health system.

Brief Name: Client perception of care.

Indicator: Percent of consumers that report satisfaction with treatment.

Measure: Number of positive responses reported in the outcome domain on the adult

consumer survey divided by the number of total responses reported in the

outcome domain on the adult consumer survey.

Data Source: Wyoming MHSIP Consumer Survey.

	FY 2005 Actual	FY 2006 Actual	FY 2007 Projected	FY 2007 Actual	% ATTAINED
Performance Indicator	69%	59%	70%	63%	90%
Numerator:	308	281		238	
Denominator:	448	477		377	

**Narrative:** The MHD will continue to conduct the annual MHSIP Consumer Survey.

Consumers of mental health services have evaluated the services they receive from local

## 1

## Wyoming Implementation Report FY 2007 State Mental Health Plan

community mental health centers each year since 2000. All fifteen community mental health centers participate. Survey instruments are based on an instrument developed through the Mental Health Statistics Improvement Program and are utilized in most states. Consumers are asked to agree or disagree with statements related to the ease and convenience of services (access), the quality of services '(appropriateness), results of services (outcomes), ability to direct their own course of treatment (treatment participation) and whether they liked the service they got (satisfaction). The survey is conducted independently of community mental health centers.

The Division will continue its focus on consumer involvement in the planning, development, and implementation of services. WRAP training, the expansion of peer specialists, and continued evolution of Wyoming Self Advocates Advisory Group (WYSAAG), the consumer group, will increase the input and involvement of consumers into the service system. Increased input and involvement translates into more appropriate and effective service.

<The goal was not achieved>

Consumer involvement on the Mental Health Planning Council has been strengthened through the appointment of active consumers who are invested in improving the service system. The percentage of consumers who reported positively about outcomes in FY 2006 is 59%, therefore we missed our objective. The cause of the reduction is unknown. The Division will be re-designing its consumer survey process in an effort to include return rates and involve consumers to a greater extent in the collection of survey data.

Criterion 2: Estimates of Prevalence and Treated Prevalence and Mental Health Systems Data

Goal 1:	Maintain or expand access to mental health services for the population of adults who are SMI by the CMHS definition.
Population:	Persons with SMI according to the CMHS definition.
Criterion:	Estimates of Prevalence and Treated Prevalence and Mental Health Systems Data.
Brief Name:	Treated prevalence of SMI.
Indicator:	The percentage of adults with SMI in Wyoming who are treated.
Measure:	The number of adults with SMI in Wyoming who are treated in community mental health centers divided by the CMHS estimate of the prevalence of SMI in Wyoming.



Data Source: CMHS prevalence and the Wyoming Client Information System.

	FÝ 2005 Actual	FY 2006 Actual	FY 2007 Projected	FY 2007 Actual	% ATTAINED
Performance Indicator:	67%	67%	67%	73%	100% +
Numerator:	13,971	14,570		16,828	
Denominator:	20,851	21,746		23,171	

Narrative: Wyoming utilizes the CMHS estimate of the incidence and prevalence of adults with serious mental illness. Funded services for adults with SMI include agency based and community based therapies, case management, Quality of Life supports, emergency services, Supported Independence Programs, group homes, psychiatric/medication services, and supported employment and education. The Select Committee on Mental Health and Substance Abuse supported the regionalization of some specialized services such as psychiatric services and housing options. This will expand the availability of those services and provide a more uniform array of services statewide.

The implementation of the Wyoming's regional services concept is continuing. Each Comprehensive Care Region has submitted a plan which outlines individual CMHC and regional approaches to assuring comparable services are available across the state. The addition of new pilot programs, group homes and supervised apartments will assist in expanding access to mental health services. Stigma reduction activities will continue through the efforts of WYSAAG and the suicide prevention program within the MH/SASD. The Division will continue to provide technical assistance, support, and oversight to CMHCs regarding the provision of services to SMI adults.

#### <The goal was achieved>

Goal 2.	Maintain or increase the number of adults with SPMI (state
	definition) receiving services through the community mental health
	system
D 1	A 1 1 CDM

Population: Adults with SPMI.

Criterion: Mental Health System Data Epidemiology.

Brief Name: Adults with SPMI served.

Indicator: Number of adults with SPMI served.

Measure: The count of adults with SPMI served in the community mental health

system.



Data Source: Wyoming Client Information System

	FY 2005	FY 2006	FY2007	FY 2007	%
	Actual	Actual	Projected	Actual	ATTAINED
Performance Indicator:	4004	4004	4004	3790	95%

**Narrative:** The MHD is currently implementing the regionalization of some services, particularly specialized services for targeted populations. Monitoring, accountability and quality improvement processes will be developed within the coming months. Funding of advocacy groups to provide information, referral and advocacy services for persons with SPMI and their families will continue. Case management, Quality of Life, vocational rehabilitation, and other supports have continued to be provided on the local level.

#### <The goal was not achieved>

The MH/SASD will utilize new funding to enhance ancillary transportation support services for clients of the community mental health centers. The State will utilize dollars to expand the availability of respite care statewide. This funding is designed to provide more effective care and to maintain and increase the number of SPMI receiving services through out the mental health system. Funding of advocacy groups to provide information, referral, and advocacy services for persons with SPMI and their families will continue.

Criterion 4. Targeted Services to Homeless and Rural Populations.

Goal 1:	Maintain or increase the number of adults with SMI or SMI and substance abuse disorders who are homeless or at imminent risk of becoming homeless, who receive treatment through community mental health centers.
Population:	Adults with SMI or SMI and substance abuse disorders who are homeless or at imminent risk of becoming homeless.
Criterion:	Targeted Services to Rural and Homeless Populations.
Brief Name:	Homeless populations.
Indicator:	Baseline measure of the number of homeless adults receiving services.
Measure:	The count of homeless adults receiving mental health services.
Data Source:	PATH annual reports.



	FY 2005	FY 2006	FY 2007	FY 2007	%
	Actual	Actual	Projected	Actual	ATTAINED
Performance Indicator:	366	375	375	360	96%

Narrative: Services for the homeless population are provided in every county within the state. Referrals from law enforcement, shelters, restaurants, and other locations where the homeless congregate are the primary method by which homeless persons enter the community mental health center system. Projects in Assistance for Transition from Homelessness (PATH) are provided in three counties in the state. Services within these projects are specifically targeted toward homeless individuals and include substantial outreach components.

<The goal was not achieved>

The reason for not reaching the goal for FY 2007 is that the major PATH provider experienced a staff shortage during a significant part of year, resulting in lower numbers being served in that center. FY 2006 also had a partial year provider in Casper which was not available in 2007.

Criterion 5. Management Systems

Goal 1:	Ensure quality and appropriateness of	f care through the provision of
0 0 <b></b>		

MHD-sponsored training events.

Population: Mental health and substance abuse service providers, consumers, state

agency staff and others as appropriate.

Criterion: Management Systems.

Brief Name: Training.

Indicator: Baseline measure of the number of training events sponsored by MHD.

Measure: The number of training events sponsored by MHD.

Data Source: MHD training records

	FY 2005	FY 2006	FY 2007	FY 2007	%
	Actual	Actual	Projected	Actual	ATTAINED
Performance Indicator:	-	7	6	6	100%

**Narrative:** Training events conducted in FY 2006 were: WRAP training, Peer Specialist Training, Suicide Prevention Conference, Suicide Core Competencies Training, Conference on Mental Health and Aging, CASII Training, and training events provided to staff at the Wyoming



State Hospital on consumer empowerment and legal issues. Continuing education credits are routinely provided for professionals and Certificates of Attendance are provided for other participants who attend MHD sponsored training events. New training events will include annual workshops for clinical staff who work with older adults who have mental health or alcohol or substance abuse problems, continued training for certification of peer specialists, workshops for nursing home staff who work with older adults who have mental health or alcohol or substance abuse problems, training on "trauma informed care of children and adolescents", and training for law enforcement personnel on identifying persons with mental illness to avoid unnecessary incarcerations. The Division will also provide partial support of training events provided by the Wyoming Institute for Disabilities, a workshop hosted by the Corrections Department on mental health and substance abuse issues and training on recognizing the significant issues with treating veterans.

<The goal was achieved>

BLOCK GRANT EXPENDI	TURES, FFY 2007	
Training/conferences	\$ 50,000	
Evidence based programming		
Promising practices	321,303	
Data Projects	68,000	
Stigma Reduction	24,000	
Consumer activities	12,000	
Unmet needs, emergency		
Preparedness	15,720	
5% Administration	25,843	
Total	\$516,866	

**TRAINING/CONFERENCES:** This category of funding supports the various staff development and skill-building events sponsored by the MHD during the course of the year. Events currently planned include continued WRAP and Peer Specialist training, suicide prevention gatekeeper training, and clinical training co-sponsored with the Substance Abuse Division. Small amounts of funding are also provided to sister agencies and organizations in token support of various statewide conferences such as the Adult Protection Conference and Child Abuse Prevention Conference.

**EVIDENCE BASED PROGRAMMINGIPROMISING PRACTICES**: Several projects to demonstrate evidence based programming and promising practices will be funded with block grant funds. A request for proposals has been issued and decisions on funding will be made prior to October 1, 2005.

### Wyoming Implementation Report FY 2007 State Mental Health Plan

**DATA PROJECTS:** Data development and reporting is a priority of the MHD. Funds will be used to support the needed changes in our data system to respond to updated reporting requirements from the state and Federal levels. Transaction data and unique client identifiers are among the changes that will greatly enhance our ability to use data in planning and policy decisions.

**STIGMA REDUCTION:** This ongoing initiative is one that requires increased attention. Funding will be utilized to develop a professional stigma-reduction campaign in one area of the state. Coordinated with the suicide prevention campaign, Ombudsman activities, the anti-stigma activities of WYSAAG the consumer group, and local efforts toward combating stigma, the campaign will be targeted at increasing help-seeking behavior.

**CONSUMER ACTIVITIES**: This line item supports the continuation of the various consumer planned and implemented activities carried out through WYSAAG. The annual consumer conference and costs associated with consumer attendance at national and state conferences are included.

**UNMET NEEDS, EMERGENCY PREPAREDNESS**: There are continually unforeseen expenses, emergencies, and unidentified needs that require some amount of funding during the course of the year. This line item provides a small amount to address those issues.

**ADMINISTRATION**: Funds are used by the Department of Health or the Division of Mental Health to defray the costs associated with administering this grant, including costs associated with the quarterly meetings of the Mental Health Planning Council.

#### III. Accomplishments

In January of 2007 Wyoming began the development of a state-level Quality Leadership Program, bridging the Mental Health and Substance Abuse Divisions, which will provide an oversight and accountability, process for transforming the mental health and substance abuse systems of care. This Quality Leadership program will utilize data to promote an understanding of the results of these expanded treatment services.

The five Comprehensive Care Regions in Wyoming have submitted their regional plans to effectively provide services to all citizens of the state. Contract services are being developed and details of these services are provided in the following section.

Recently the Wyoming State Legislature appropriated about \$13 million (through Senate file 76) to continue the development of specialty community based services to be implemented on a regional basis. The State has begun funding a program to treat individuals with a co-



occurring diagnosis of SPMI and alcohol/substance abuse, dependence or addiction including the addition of eight full time staff members at the Wyoming State Hospital.

In addressing Wyoming's shortage of psychiatrists, the legislature has authorized the purchase of 18 tele-health units, and the money needed to contract with psychiatrists to provide those services, as well as provide for the needed psychiatric nursing support. Additional training will be provided to general or specialty practice physicians on the identification, diagnosis and pharmacological treatment of common mental health and substance abuse problems.

Over four million dollars will be made available for additional programs including a wellness program for Native Americans, substance abuse services that include residential treatment, and for regional substance abuse service enhancements.

The Children's Mental Health Initiative (the Sage Initiative) is now in the third year of a six year, nine million dollar grant to transform the system of care for children with severe mental health needs and their families. The second year was focused on infrastructure development in partnership with other State, local, public and private agencies. The goals of the grant closely match the six goals of the President's New Freedom Commission.

The legislature has funded ten master's degree level therapists to work in CMHCs to provide early intervention services for families with preschool age children who are experiencing or are at risk of behavioral, mental or alcohol or substance abuse disorders. The State also allocated nearly three million dollars for local substance abuse treatment for both residential (eight beds at present and twelve in 2008) and outpatient and to include children and adolescents

The MH/SASD has funded two community based agencies as part of a "Strengthening Families Initiative". The EBP's include Families and Schools Together (FAST), the Nurturing Program, and SMART steps as co-features of the Parent Engagement Program. Naturally, the focus is on the whole family system. In turn, the CMHCs work in collaboration with these agencies to provide additional services as a wrap around feature.

The Wyoming Department of Education is in the process of implementing a statewide psycho-social skills readiness assessment for all children in kindergarten. This early screening

## **Wyoming Implementation Report FY 2007 State Mental Health Plan**

provides for an identification of behavioral and emotional issues not now being recognized.

The MH/SASD is utilizing Community Mental Health Services Block Grant funds to support four early childhood intervention projects through CMHCs and UPLIFT. The services are provided in Early Childhood Centers, Head Start agencies and individual families.